



Maricopa County

Environmental Services Department

Environmental Health Division
Plan Review Office
1001 N. Central Ste. #300
Phoenix, Arizona 85004
Phone: (602) 506-6980
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www.maricopa.gov/envsvc

PLAN REVIEW APPLICATION – Public Accommodations

NOTICE: *AN ILLEGIBLE OR INCOMPLETE PLAN SUBMITTAL WILL BE REJECTED!*

Permission must first be obtained from the following local City/County/State regulatory authorities if necessary, prior to plan review by this Department; Zoning, Planning, Building, Engineering, Liquor Control, Fire, etc.

PLEASE PRINT AND COMPLETE FOR THE PERMIT OFFICE.

- ❖ Name of Establishment _____
Address _____ City _____ Zip Code _____
Phone () _____
- ❖ Name of Owner (Billing Party) _____
Address _____ City _____ Zip Code _____
Phone () _____
- ❖ Projected date for start of project _____
- ❖ Projected date for completion of project/ operation of business _____

FEE SUBMITTAL AMOUNT (Note: Fees are subject to change.)

<u>Quantity</u>	<u>Plan Type</u>	<u>Amount</u>	<u>\$Total</u>
_____	*Public Accommodations	\$300.00	_____
_____	Remodel Fee – Approved Only By Plan Review Office Staff		_____
_____	**Expedite Fee – 2x fee amount		2x Total

Note(s):

* - An additional permit is required for food service operations, including continental breakfasts.

** - Establishments in operation or opening within 15 business days of plan submittal will be charged an expedite fee. All inspections are conducted during normal business hours Monday to Friday, between the hours of 8am and 5pm.

TOTAL DUE \$ _____

- OFFICE USE ONLY -

Plan Review SG #'s _____
Kind (New, Existing, Remodel, Expedite) _____ Type _____
Date Received _____ Receipt # _____
Site Location _____
Plan Review District # _____
Old permit SG#'s _____

SUBMIT (Please refer to the construction guideline for assistance.)

- ✓ One (1) complete set of plans (minimum size 8.5" x 11" or larger)
- ✓ Plan Review fee(s)
- ✓ Include one (1) plumbing site plan (including wells & septic systems if project is not in any city).

ENCLOSE THE FOLLOWING DOCUMENTS:

- ✓ Finish schedule of interior finishes.
- ✓ Plumbing schedule.
- ✓ Plumbing layout showing type and location of equipment with drains.
- ✓ Equipment schedule showing type, manufacturer, and model numbers.
- ✓ Floor plan layout.
- ✓ Complete exhaust ventilation plans (HVAC), including restroom ventilation.
- ✓ Lighting plan.
- ✓ All existing equipment and finishes must be defined.
- ✓ Site plan showing the location of restrooms, mop basin, pools, alleys, streets, vacant lots, adjacent businesses, and outside equipment (dumpsters, well, septic system, etc.).

FILL IN OR CHECK ALL THAT APPLY. PLEASE WRITE "n/a" IF NOT APPLICABLE.

- ✓ Type of Public Accommodation: Hotel ___ Motel ___ Bed & Breakfast ___ Boarding Home ___
Other (please specify) _____
- ✓ Number of dwelling units? _____
- ✓ Sewer Type: Public ___ Septic/ Private ___ Water Supply: Public ___ Well/ Private ___
- ✓ Food Service provided? Yes ___ No ___ Continental Breakfast? Yes ___ No ___
- ✓ I have obtained the necessary approvals from the proper local City/ County/ State regulatory authorities prior to this submittal? Yes ___ No ___

PLEASE PRINT AND COMPLETE FOR PLAN REVIEW CORRESPONDENCE LETTERS.

Name of Establishment _____
Address _____ City _____ Zip Code _____
Phone () _____ Fax () _____

Name of Owner (Billing Party) _____
Address _____ City _____ Zip Code _____
Phone () _____ Fax () _____

Name of Architect _____
Address _____ City _____ Zip Code _____
Phone () _____ Fax () _____

Name of Contractor _____
Address _____ City _____ Zip Code _____
Phone () _____ Fax () _____

I hereby certify that the above information is correct and these documents comply with the Maricopa County Health Code, and I fully understand that any deviation from the above without prior permission from this Environmental Health Regulatory Office may nullify final approval.

SIGNATURE

TITLE

DATE

NOTE: Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection and final inspection of the establishment with equipment in place and operating will be necessary to determine if it complies with the Maricopa County Environmental Health Code governing establishments.

❖ FINISH SCHEDULE

INDICATE WHICH TYPE OF MATERIALS WILL BE USED IN THE FOLLOWING AREAS:

PLEASE PRINT. WRITE "n/a" IF NOT APPLICABLE.

	Floor(s)	Wall(s)	Base/Cove	Ceiling(s)	Remarks:
Individual Room or Dwelling Unit(s)					
Individual Room or Unit Bathroom(s)					
Room or Dwelling Unit Kitchenette(s)					
Central Toilet Room(s)					
Central Shower(s)					
Public and Employee Restroom(s)					
Locker Room(s)					
Garbage & Refuse Storage:					
Mop Sink Area(s)					

❖ PLUMBING SCHEDULE

INDICATE ALL PLUMBING CONNECTIONS APPLICABLE TO THE ESTABLISHMENT.

PLEASE PRINT. WRITE "n/a" IF NOT APPLICABLE.

	Indirect drain connection/ Air Gap	Direct drain connection/ P-Trap	Backflow Preventer(s)	Condensate Pump	Remarks
Mop Sink(s)					
Ice Machine(s)					
House Keeping Dishwasher(s)					
Individual Unit Dishwasher(s)					
Drinking Fountain(s)					
Water Heater(s) (Indicate size & recovery rate.)					
Other:					

4-26-05 DB